

CLAIMS ONLY	Application Number <b>10628239</b>	Filing Date
	Applicant(s)	

							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51					
2		1					52					
3		1					53					
4	cancel						54					
5	cancel						55					
6		1					56					
7	cancel						57					
8		1					58					
9	cancel						59					
10	1						60					
11		1					61					
12	cancel						62					
13	cancel						63					
14		1					64					
15	cancel						65					
16		1					66					
17	cancel						67					
18	1						68					
19							69					
20							70					
21							71					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total							Total					
Indep	3						Indep					
Total							Total					
Depend	7						Depend					
Total							Total					
Claims	10						Claims					